

# SESP Name Goes Here

## MONTHLY PROGRESS REPORT - CES/SE JOB COACHING

Client Name: \_\_\_\_\_

Provider: \_\_\_\_\_

Coach/Consultant: \_\_\_\_\_

DVR Counselor/Office:

Date of Report: \_\_\_\_\_

Service:      ☐ Individual Job Coaching  
                  ☐ Supports Case Management  
                  ☐ Individual SE for the MI  
                  ☐ Community Employment Services

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

Total number of hours on the job: \_\_\_\_\_ 4 Week Period

Weekly Average

Total number direct supervision hours: \_\_\_\_\_ 4 Week Period

Percentage Intervention

Coaching/Consulting units used this period: \_\_\_\_\_ Hours \_\_\_\_\_ Weeks

Remaining units on existing authorization:	Hours	Weeks

Estimated date for completion of training:

Does this date require an extension?      ☐ Yes      ☐ No

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Client Name:

EMPLOYMENT PLAN REVIEW - May include but not limited to:

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- Outside Influences • Cultural Impact • Employment Support Needs • Job Specific Accommodations •
  - Health/Safety Concerns • Legal Concerns • Financial • Transportation
- 

SUMMARIZE MONTHLY PROGRESS IN APPLICABLE CATEGORIES  
AND IDENTIFY ADDITIONAL SUPPORT NEEDS:

Consumer Input:

Employer Input:

\_\_\_\_\_  
Coach/Consultant                      Date

\_\_\_\_\_  
Client                                      Date